



# ADS CENTER

Resource Center to Address  
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Substance Abuse and Mental Health  
Services Administration  
Center for Mental Health Services

11420 Rockville Pike, Rockville, MD 20852  
1-800-540-0320 [stopstigma@samhsa.hhs.gov](mailto:stopstigma@samhsa.hhs.gov)

## ***Mental Health News You Can Use...***

### ***May 2005***

This is the eighth installment of the electronic update from SAMHSA's Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center), a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. We invite you to share this information with your friends and colleagues who share your interest in confronting stigma and discrimination associated with mental illness; and to post this information in your own newsletters or listservs.

*The contents of this informational update do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

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## **May 2005 Spotlight**

### **New ADS Center training teleconference “Overcoming Barriers and the Stigma Associated with Mental Illness in the American Indian/Alaska Native (AI/AN) Communities” on June 23, 2005.**

Access to mental health services within the AI/AN communities is hampered both by internal stigma—the reluctance of members of these communities to seek mental health services; and external stigma—prejudice and misinformation about AI/AN traditional healing practices held by outside providers.

- The suicide rate for American Indian and Alaskan Native (AI/AN) males between the ages of 15 and 24 is two to three times higher than the national rate. Efforts to engage in mental health promotion and help seeking behaviors may be hampered by the seeming disconnect between conventional treatment methods and traditional healing practices.
- Traditional healing practices may not always correspond with conventional mental health service delivery systems; yet as many as two-thirds of AI/ANs continue to use traditional healers, sometimes in combination with mental health care providers.
- Efforts to develop mental health services within these communities are sometimes negatively associated with past attempts to transform the native culture.

On June 23, 2005, the SAMHSA ADS Center will present “**Overcoming Barriers and the Stigma Associated with Mental Illness in the American Indian/Alaska Native (AI/AN) Communities**” a training teleconference aimed at exploring mental health stigma and discrimination among American Indian/Alaska Native peoples and sharing best practices to promote education and address stigma.

The **SAMHSA ADS Center** encourages everyone to participate in this second training teleconference of 2005. Look for additional registration and participation information to appear on the SAMHSA ADS Center’s web site after June 1, 2005. For information and archives of previous training teleconference, see the **Trainings** section of the SAMHSA ADS Center web site located at <http://www.stopstigma.samhsa.gov/teleconferences.htm>.

## **Featured Research Articles**

**Manson, S.M., & Altschul, D. (2004). *Meeting the Mental Health Needs of American Indians and Alaska Natives*. Alexandria, VA: National Association of State Mental Health Program Directors & National Technical Assistance Center for State Mental Health Planning. [Free Publication]**

**From the Executive Summary...** “American Indians and Alaska Natives have withstood tremendous adversity during the short history of this nation, a history marked by such turmoil that their presence in today’s world is indisputable evidence of the resilience, strength, and enduring spirit of their people. It is a remarkable story of the influence of cultural and political forces in shaping health and well-being. To that end, this report highlights the mental health needs of American Indians and Alaska Natives, describes the service ecologies that have emerged to address these needs, and discusses Native peoples’ access to and use of mental health services. The report concludes with a discussion of innovative practices for the care of American

Indians and Alaska Natives as well as an itemization of “lessons learned” so that states can properly address the mental health needs of this population.”

## **Additional Research**

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## **Models, Programs, and TA Tools**

### **First Nations, an organization representative of American Indian/Alaska Native experts in the behavioral health field**

In 2003, SAMHSA’s Center for Mental Health Services (CMHS) and the Indian Health Service (IHS) joined with the National Association of State Mental Health Program Directors, (NASMHPD) to support a new organization representative of American Indian/Alaska Native experts in the behavioral health field. Members of American Indian physician, psychologist, social worker, and family/consumer organizations were brought together in September 2003 to address research, infrastructure, and workforce needs, and to develop the critical mass to create a multidisciplinary organization to serve as a resource to state, federal, and tribal programs to help improve access to culturally competent care.

Among the objectives of the new First Nations organization that emerged from the September 2003 meeting are to increase the link between tribal colleges and universities and the behavioral health field to address workforce needs, and to increase the evidence for culturally distinct, faith based interventions. To that end and to leverage its resources and capacity, First Nations has become a part of the National Multi-ethnic Behavioral Health Association, an association of organizations representing the leaders in the field of African-American, Hispanic, and Asian/Pacific Islander behavioral health providers and consumers. For more information contact Paulette Running Wolf, Ph.D. at the following e-mail address: [pauletterunningwolf@hotmail.com](mailto:pauletterunningwolf@hotmail.com).

## ***In My Experience...***

### **My Gift by Steve House Asheville, North Carolina**

I am a full-blooded Oneida Indian from Wisconsin. Now I live in Asheville (NC), the most beautiful place in the world. God's green earth is my school and the Elders of the world my teachers.

My only true possession is my story which has no value unless I give it away. I was diagnosed with something called schizophrenia. This has given me a special connection to the spirit world—an understanding of the pains of humanity that comes from the Creator through the gift of experience.

My maternal grandmother passed away when I was eleven. I mourned many days and thought the pain would never stop. I remember pleading with God as her spirit left. I grew angry with God and unwittingly set myself up to suffer. Alcoholism, anger, and insanity—my penchant for bad luck. This was my lot. I exchanged the simple pain that cleanses for unrelenting suffering. What I see clearly now is that all this prepared me for something much greater.

Recovery is a gift I like to share with others that have a mental illness. I am involved in many different things. I am on the board of directors of a local half-way house and of an advocacy group called Voices for Addiction Recovery. I sit on the local Consumer Advisory Council involved in state mental health reform. I co-facilitate a recovery group at a brand new, private “healing farm community” that I consider a model community. I also work part-time assisting a local artist. It's all about wellness and recovery... I believe that sharing my personal experiences with all who will listen, will help to fight against the myths and stigma attached to mental illness.

*The SAMHSA ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.*

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### **About the ADS Center**

SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center) helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses. With the most up-to-date research and information, the Center helps individuals, organizations and governments counter such discrimination and stigma in the community, in the workplace, and in the media.

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